



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Gregory P Ennis, MD

Respondent Name

American Zurich Insurance Co

MFDR Tracking Number

M4-16-3713-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 16, 2016

REQUESTOR'S POSITION SUMMARY

Requestor states in pertinent part: Documentation dated May 20, 2016. "This file contains a CMS 1500 and a complete narrative report in compliance with Texas Administrative Code as well as a facsimile transmission receipt from the original submission of this bill to York Risk Services who handled the patient claim prior to Corvel. Be advised that York Risk did fail to return to EcCare Health Centers. The primary cause of delay is the change of the bill processing company."

Amount in Dispute: \$750.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CorVel asserts the requestor, Gregory Philip Ennis, MD is entitled to \$0.00 reimbursement for designated doctor services in dispute based on the requestor's failure to request medical fee dispute resolution no later than one year after the date of service in dispute."

Response Submitted by: CorVel, 3520 Executive Center Dr., Building 5, #250, Austin, TX 78731

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 28, 2015	99456 -W7 -RE, 99456 -W8, -RE	\$750.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. 28 Texas Administrative Code §102.4 establishes rules for non-Commission communications.

4. 28 Texas Administrative Code §133.210 sets out provisions regarding processing of medical documentation.
5. 28 Texas Administrative Code §133.250 sets out procedures for reconsideration of payment for medical bills.
6. 28 Texas Administrative Code §133.305 sets out general provisions regarding medical dispute resolution.
7. Neither party to this dispute submitted copies of explanation of benefits for consideration in this review.

Issues

1. Has the requestor supported that the medical bills were submitted to the insurance carrier?
2. Are the medical fee issues eligible for review?

Findings

1. This dispute regards an unpaid medical bill for a referral examination from the treating doctor to determine the extent of the compensable injury for an injured employee.

The requestor submitted medical bills and receiving no response from the insurance carrier has requested medical fee dispute resolution.

28 Texas Administrative Code §133.20(a) requires that the health care provider shall submit all medical bills to the insurance carrier (except when billing the employer).

28 Texas Administrative Code §133.250(a) states, "If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill, the health care provider may request that the insurance carrier reconsider its action."

28 Texas Administrative Code §133.250(i) further provides, "If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill after reconsideration, the health care provider may request medical dispute resolution in accordance with the provisions of Chapter 133, Subchapter D of this title (relating to Dispute of Medical Bills)."

The non-division communications rule at 28 Texas Administrative Code §102.4(h) states that, unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:

- (1) the date received, if sent by fax, personal delivery or electronic transmission or,
- (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days.

28 Texas Administrative Code §133.210(e) states that, "It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other.

The requestor states in document dated May 20, 2016, "Please find enclosed a complete copy of EcCare's file... This file contains a CMS 1500 and a complete narrative report in compliance with Texas Administrative Code" and "as well as a facsimile transmission receipt from the original submission of this bill to York Risk Services who handled the patient claim prior to Corvel." Review of the submitted documentation finds no confirmation that a facsimile was received. Based on the submitted information, a receipt date cannot be established per §102.4(h)(1) for fax or electronic transmission.

The Division therefore concludes that the requestor has failed to support that the bills were presented to the insurance carrier for review or reconsideration after final action before requesting medical fee dispute resolution.

2. 28 Texas Administrative Code §133.307(c)(1) states:
Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

- (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.
- (B) A request may be filed later than one year after the date(s) of service if:
- (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
 - (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or
 - (iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The date of the services in dispute is July 28, 2015. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on August 16, 2016. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division’s MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		August 31, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.